

# PSC CIRCULAR

Public Service Commission, Berkley Crescent, P. O. Box 2211  
Government Buildings, Suva. Telephone 3-314-588

## PSC CIRCULAR NO: 24/05

TO: The Chief Executive Officers  
and Heads of Department

File: PSC 7/4/2

Subject: **SERVICE EXAMINATIONS S, U & E**

Date: 4/5/05

### 1.0 EXAMINATION CENTRES ,TIME AND DATES

1.1 Service examinations S, U, and E will be conducted in Suva, Lautoka and Labasa as tabulated below:

<i>DATE</i>	<i>TIME</i>	<i>EXAMINATION&amp; PAPERS</i>	
17/8/05	9.00am – 11.40 am.	S & U	Paper A
17/8/05	2.00pm – 4.40 pm	S	Paper B
17/8/05	2.00 pm – 4.40 pm	U	Paper B
18/8/05	9.00am – 11.40am	S	Paper C
18/8/05	9.00am – 11.40am	E	Paper A
18/8/05	2.00pm – 4.40pm	E	Paper B

### 2.0 ELIGIBILITY

2.1 Service examinations S, U & E are restricted only to serving officers within the Administrative and Accounting cadre.

#### 2.1.1 REQUIREMENTS FOR SERVICE EXAMINATIONS - S & U

- Must have passed service exam H (2).
- Confirmed in their appointment as Clerical Officers.
- Have at *least three years of service* from the date of their probationary appointment to the permanent establishment.
- Those appointed directly as Clerical Officers and have not passed H (2) must be confirmed in their appointment.

#### 2.1.2 REQUIREMENTS FOR SERVICE EXAMINATION –E

- Candidates must have passed service exams **S** or **U**.
- Confirmed in their appointment as Clerical Officers/ Executive Officers/ Assistant Accountant Officers.
- Have at *least five years of service* from the date of their probationary appointment to the permanent establishment.

### 3.0 PREREQUISITE FOR PASSING

3.1 Each paper for examination **S, U** and **E** carries a total of 100 marks. To pass each paper a candidate must obtain at least forty (40) marks, however, to successfully gain a pass in the relevant examination; a candidate must obtain an aggregate total of over 50% or more in any examination. Partial passes are not permitted.

#### **4.0 APPLICATION FORM**

4.1 Candidates to apply in the attached application form indicating the examination they wish to sit and also attach relevant supporting documents. Please ensure that all required information is provided as stated in the circular. Application (s) with inadequate information will not be considered.

#### **5.0 ROLE OF GOVERNMENT AGENCIES**

5.1 The Chief Executive Officers and Heads of Departments are requested to ensure that:

- This Circular is brought to the attention of all those who are eligible to sit for the above exams.
- To ensure that all applications received are endorsed by the respective agencies and forwarded to this office under covering memorandum **no later than 8<sup>th</sup> July, 2005.** Please note that late application (s) will not be considered.
- Every effort should be made by the agencies to provide assistance by organizing in – house training for their staff in the upcoming examination. Training Officers in the respective agencies can facilitate this.
- Facilitate easy access to relevant management tools and materials that would assist the candidates to successfully pass the examination.

#### **6.0 NON - ATTENDANCE**

6.1 Candidates who are issued with index numbers and fail to sit the examination on the approved date will have to submit written explanations for their non – attendance within seven (7) days from the date of the examination.

7.0 Any clarification to be obtained from Mrs. Manjula Sologar, [msologar@psc.gov.fj](mailto:msologar@psc.gov.fj) or Milton O'Neill [Omilton@psc.gov.fj](mailto:Omilton@psc.gov.fj) at the Public Service Commission, Centre for Training and Development in Nasese, Suva or on Telephone number 3315688.



**A Jale**  
**Chief Executive Officer, Public Service Commission.**

**PUBLIC SERVICE COMMISSION**

**CENTRE FOR TRAINING AND DEVELOPMENT**

**APPLICATION TO SIT FOR SERVICE EXAMINATIONS S, U & E**

This application form is to be completed by the applicant and signed by the Chief Executive Officer/Head of Department and sent to:-

The Chief Executive Officer  
Public Service Commission  
P O Box 2211  
Government Buildings  
Suva

Name \_\_\_\_\_ of \_\_\_\_\_ Examination: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ EDP/FNPF: \_\_\_\_\_

Date \_\_\_\_\_ of \_\_\_\_\_ Birth: \_\_\_\_\_

Date Confirmed:: \_\_\_\_\_

**[Attach copy of Confirmation Letter]**

Date \_\_\_\_\_ H(2) \_\_\_\_\_ passed if Applying for S or U: \_\_\_\_\_

Date \_\_\_\_\_ S or U passed if applying for E: \_\_\_\_\_

Number \_\_\_\_\_ of \_\_\_\_\_ Previous Attempts: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

---

**[For Use by Chief Executive Officer /Head of Department]**

I certify that the information given above is correct.

Name \_\_\_\_\_ of \_\_\_\_\_ Officer: \_\_\_\_\_

Signature : \_\_\_\_\_

Designation : \_\_\_\_\_

Date : \_\_\_\_\_